



**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF SAFETY  
Division of Motor Vehicles**

John J. Barthelmes  
Commissioner of Safety

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Richard C. Bailey, Jr.  
Director of Motor Vehicles

**APPLICATION FOR TINTED WINDOW MEDICAL WAIVER**  
**RSA 266:58-a, III-a and Saf-C 2500**

**THIS APPLICATION MUST BE FILLED OUT AND SIGNED BY A MEDICAL DOCTOR**

Applicant Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Town/City Zip*

Name and Description of Medical Condition: \_\_\_\_\_

Statement of the medical necessity for how tinted windows will alleviate the medical condition:

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Because of the above information, I therefore:

**Recommend** ☐ **Do Not Recommend** ☐ (Please check one)

the above named patient to have a medical waiver for tinted windows on his/her vehicle.

I certify, under the penalty of perjury, that the person whose name appears is under my treatment and care and in my professional opinion requires a medical waiver for window tinting as defined under RSA 266:58-a and Saf-C 2500.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Medical Doctor

Name of Medical Doctor: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Town/City Zip Code*

Telephone Number: \_\_\_\_\_